



OREGON HOSPITAL FOR THE INSANE, PORTLAND
1862 - 1883



DR. J. C. HAWTHORNE
1819 - 1881
Upper Left

DR. SIMEON E. JOSEPHI
1849 - 1935
Upper Right

DR. HORACE CARPENTER
1826 - 1888
Opposite

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HISTORY OF CARE OF INSANE IN THE STATE OF OREGON

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Oregon State Hospital

THE FIRST REFERENCE to insanity among white men in the Northwest occurs in connection with a massacre by the Indians of one of the trading posts of the American Fur Company built by Andrew Henry. Ross Cox states that Henry's post was destroyed in 1808,¹ but Henry did not join the American Fur Company until 1809. The attack on his post at the Three Forks of the Missouri occurred in April, 1810. Whether it was from this or some other post that the subject of the following paragraph escaped, is not clear. All but one of the fur traders were killed, according to the account. The one who escaped had wandered about for some weeks when he was captured by the savages in the Snake River country. He had suffered such hardship in the meantime that he had become mentally unbalanced. Instead of killing and scalping him, as would have been the fate of a normal individual under the circumstances, the superstitious attitude of the savages toward the mentally deranged caused them to care for him.

Astor's overland party to the mouth of the Columbia which started in 1811 under the leadership of Wilson Price Hunt, was obliged to split into two groups in its journey through the pres-

¹Ross Cox, *Adventures on the Columbia River*, (1831) I:91.

ent state of Idaho because of the shortage of food, one group continuing under Hunt and the other led by Donald McKenzie. The latter party came across the Indian band with the demented white man, who in the meantime had partly recovered. He gave his name as Archibald Pelton, stating he was from Connecticut. McKenzie took charge of him and brought him to Astoria, reaching the post in January, 1812. The Indians of the lower Columbia, in keeping with their custom of naming individuals according to personal peculiarities, having no word for insanity, used Pelton's name to designate one who was foolish or insane, labelling such individuals "Kahkwa Pelton," meaning "like Pelton." Gradually the name was metamorphosed to mean a person of disordered mind, thus, "Pelton klootchman" was used to mean a demented woman. The word became part of the Chinook jargon and appears in Chinook dictionaries as designating mental affliction.²

One of the members of Wilson Price Hunt's party, who, with a companion, became separated from the group in eastern Oregon, also became demented because of hardships and mistreatment by the Indians, before the two finally found the remainder of the party on the Columbia River. This was John Day, after whom two Oregon rivers are named, one in central Oregon, the scene of his wanderings, and one in Clatsop County. Day also was brought to Astoria, which the Hunt party reached in February, 1812. He recovered sufficiently to start eastward with Robert Stuart's party the following spring. When the party reached the mid-Columbia region his dementia became violent again and resulted in his death.³

No other specific cases of insanity appear to be mentioned in the early records of Oregon, but the provisional government at Champoege, on July 5, 1843, adopted statutes, based upon the laws of Iowa Territory, in which is found the first official reference to the care of the insane. "An Act concerning Insane Persons" was passed, section 4 of which makes it the duty of the probate courts, on receipt of proper information in cases of suspected insanity, to direct the sheriff of the county to summon

²A. C. Stewart and H. A. Dickel, *Northwest Medicine*, XLI:284.

³Washington Irving, *Astoria*, (1836) II:111-112.

a jury of twelve intelligent and impartial men to inquire into and decide whether a person be insane. The words "insane person" being intended to include every idiot, person not of sound mind, lunatic, or distracted person. If a positive decision be forthcoming, the probate court will have the power of appointing three guardians of the person and his property, which, on proper presentation may be sold or disposed of to pay for the care of the insane person or in his best interests. If there is no estate or if the father or mother of such person shall not be of sufficient ability, nor the children, grand-children, or grandparents, to maintain him at their own charge, the unfortunate shall be entitled to relief as paupers and be maintained under the care of the overseers of the poor.

In section 5 it was provided that

All persons insane, who have no property for their support shall be entitled to all the benefits of the laws of this Territory for the relief of paupers, and the overseers of the poor and all other persons concerned are directed to govern themselves according to the provisions of the laws for the relief of the poor.⁴

The guardians had authority to provide for the safekeeping of such persons, the maintenance of their families, and the education of their children. If it seemed advisable to the safety of the insane person, or the property of others, it became the duty of the guardian to confine or guard the maladjusted individual. Section 25 provided that "All the expenses of taking care of such insane persons and the management of his estate, shall be paid out of his estate, if it be sufficient; if not, out of the county treasury."⁵

Apparently these laws did not entirely meet the needs of the young settlement for on December 24, 1844, an "Appropriation Act—Also an Act providing for Lunatics" was passed by the provisional legislature, which among various other items, includes the following:

Section 8. That the sum of two hundred dollars be and the same is hereby appropriated to defray the expense of keeping lunatics or insane persons in Oregon.

Section 9. That if there be any such lunatic, upon complaint made to a justice of the peace, such justice shall cause such lunatic to be brought before him and if satisfied that such person is a lunatic, shall cause him to be let out publicly, to the lowest bidder, to be boarded and clothed for one year and shall take bond and security to Oregon, that such bidder shall clothe and board such lunatic for one year according to law.⁶

⁴*Laws of Oregon, 1843-49*, pp. 162-163.

⁵*Ibid.*, p. 166.

⁶Ms. of Act, Oregon Historical Society Library.

The federal census of 1850 indicates five insane persons in a total population of 13,294. The number must have increased and more adequate provision for segregating them appears to have been needed, however, for on January 31, 1853, both the House and the Council passed a resolution requesting the Oregon delegate in Congress to use his best endeavors to obtain a liberal donation for establishment of an insane hospital in the territory. This document was signed by B. F. Harding, speaker of the House of Representatives and M. P. Deady, president of the Council.⁷ The resolution failed of the desired result, but the problem continued to grow as the population increased. On December 15, 1853, the territorial legislature passed an act providing for appointment of guardians of insane persons upon application of relatives, friends or residents of the county, the guardians to have custody of both person and property.

Apparently the burden on some of the counties became too great. In response to a petition dated January 23, 1855, signed by many of the leading citizens of the territory, an act was passed on January 30 making the insane the wards of the territory, the expenses of those unable to pay to be met from the territorial treasury. The principle of maintenance of the insane by the state thus was adopted early in its history. This act, however, was repealed January 7, 1856, and the burden of financial responsibility was thrown back on the estates of the individuals or the counties in which they resided if the estates were inadequate.

The need of institutional care and segregation, however, continued to grow, but lacking hospital facilities, there was no means of effecting it. In 1858 the Sisters of Charity of Providence had established a hospital at Vancouver, Washington, and it was suggested that they might care for the insane without great cost to the Oregon public treasury. This plan, however, did not materialize. In 1861 Doctor J. C. Hawthorne and Doctor A. M. Loryea of Portland decided to establish a private institution for mental cases in that community, after consulting many of the more prominent men of the city and state for moral and financial backing. Doctor Hawthorne had come to Portland in 1857 and the following year had assumed charge, under con-

⁷Ms. O. H. S. Library.

tract, of the county sick. He had become interested in the care of the insane, and, with Doctor Loryea, investigated the possibilities, as related. Assured of support they launched the project in September, 1861. A temporary building was erected on Taylor Street, between First and Second avenues. In the dedicatory address Doctor Loryea stated that in his opinion the commonwealth should authorize the establishment of an insane hospital, and when that was done he and Doctor Hawthorne would turn over their institution and its patients to the state, but for the present it was the state's duty to lend its support to the new venture. A special contract had been arranged by the doctors, with Multnomah, Linn, Lane and Washington counties⁸ for the care of insane from these units. Probably there were private patients also.

About four months later the Portland *Oregonian* commented on a new site in East Portland, where it was proposed to build a larger hospital. The proposed location was a tract of land north of Hawthorne Avenue and east of Southeast Twelfth Avenue. A building was erected in the summer of 1862, and the institution was named the "Oregon Insane Hospital." Here, on contract with the state, Doctors Hawthorne and Loryea until 1872, and subsequently Doctor Hawthorne with salaried assistants, cared for the insane until the State Asylum for the Insane was completed at Salem in 1883, as related in greater detail in the following pages.

North of the Columbia the first mental case to attract attention was a sailor, Edward Moore, who was found wandering on the beach a few miles north of Seattle in 1854. He had wandered about aimlessly for some time, living on raw mussels and receiving occasional help from the Indians, but becoming increasingly demented. The white men who found Moore brought him to Seattle where he was placed in the custody of David Maurer and S. B. Simmons, who conducted a hotel. He had been so exposed to cold weather that his toes were frozen, necessitating amputation. This was performed with a sharp axe, for want of surgical instruments, by a Doctor Williamson of Seattle. The patient was looked after for a time at the hotel, but with little alleviation of his condition, the people of Seattle and King

⁸*Oregon Medical & Surgical Reporter*, (1869) I:47.

County paying the bills. Finally arrangements were made with Doctor N. P. Burns of Fort Steilacoom to take charge of him, the King County authorities promising to attempt to obtain funds from the territorial legislature to pay for his care. The legislature of 1855, however, faced with a bill of \$1656 for the patient's care, and having a total income of but \$1199.88, declined to assume the responsibility on the ground that Moore was not a legal resident of the territory. Doctor Burns sent him back to Seattle, where he was attended to by various individuals for a time. Arrangements finally were made to ship the deranged man to San Francisco with a view to returning him thence to his home in Boston. The story ends at San Francisco, no further record of this unfortunate individual having been found.⁹

On January 5, 1856, the territorial legislature asked the federal government for help in caring for the insane who occasionally were set ashore from visiting ships. It is not clear what came of this request, but in 1862 the legislature of Washington Territory recognized its obligation to provide for the mentally afflicted. A contract was entered into with the Sisters of Charity at Vancouver on January 29 of that year, by which care would be provided at eight dollars per week per patient. St. John's Lunatic Asylum, as it was called, was established at Vancouver under the patronage of the legislature and governor of the Territory of Washington, and the direction of the Sisters of Charity of Providence.¹⁰ The rate, according to advertisements in the local papers, no doubt for private patients, was \$1.50 per day.¹¹ During the first year the territorial bill amounted to \$2600. Disagreements over the method of payment resulted in transfer of the patients to the Hawthorne-Loryea hospital in East Portland for a time, but a satisfactory adjustment appears to have been made and the contract continued until 1866. On its expiration that year, the insane patients,

⁹A. C. Stewart and H. A. Dickel, *op. cit.*, 285.

¹⁰E. S. Meany, *History of the State of Washington*, 370.

¹¹Sister Mary de Sales McLellan, *Vancouver, Washington, 1846-1870*, 74, University of Oregon Thesis.

eleven in number, were transferred to the care of Huntington and Hayes at Monticello, in Longview, Washington.¹²

South of the Columbia the census of 1860 showed twenty-three insane in Oregon. In a special message to the Oregon legislature on September 15, 1862, Governor A. C. Gibbs called attention to the large number of these unfortunates who were receiving no care in the state and recommended the purchase of land and erection of a hospital as speedily as possible. Until this could be done, he recommended that arrangements be made with Doctors Hawthorne and Loryea to care for them at public expense in their private hospital.

The legislature took action on September 27, 1862, by which the governor was required to contact suitable persons in the state for the safe keeping, care and medical treatment of the mentally afflicted. Since Hawthorne and Loryea had the only facilities and no one else applied for the contract, one was made with them on September 29, 1862, to furnish medical treatment, clothing, board, shelter, etc., "to all indigent insane and idiotic persons sent to them by the county court of any county in this State until discharged—for which the state agreed to pay twelve dollars per week for each person so sent." Surety for faithful performance of these duties, in the amount of \$10,000 was provided by the doctors.¹³ The law also required appointment of "two visiting and inspecting physicians." Doctors R. Glisan and R. B. Wilson, of Portland, were appointed. At first there were but twelve patients, but by the spring of 1863 the number had grown to twenty-eight supported by the state, and one private patient.

The visiting physicians reported to the governor in May, 1863, as follows:

HIS EXCELLENCY, ADDISON C. GIBBS, GOVERNOR OF OREGON

Sir:

Agreeably to your desire, we made a visit of inspection in company to the Oregon Insane Asylum on May 1, 1863.

We have the honor to report 29 inmates of the institution, 24 males and 5 females. The condition of one or two is such as to encourage us in the belief that, in a short time, their dis-

¹²C. A. Snowden, *History of Washington*, 147.

¹³A. C. Gibbs, *Message to Joint Legislative Assembly*, Sept. 14, 1864, 12.

charge may probably be expedient. The proprietors seem to be zealously engaged in having the grounds graded and improved, and it is their intention to surround the whole with a neat and substantial enclosure. The rooms for the insane are spacious, cleanly, and well ventilated. The wardens affable and efficient, and the inmates almost unexceptionally express themselves as being well cared for. Upon the whole, general management by the resident physicians seems to be such as to merit our general approbation. We have the honor to be, Sir, Very respectfully your obedient servants.

R. GLISAN
R. B. WILSON

Doctors Hawthorne and Loryea took their responsibility seriously and labored assiduously to restore their charges to health and happiness. They corresponded with men of experience both in Europe and America as to the best means of caring for the insane. It was said of Doctor Loryea, who with his family resided at the asylum, that he spared no effort in being kind to its inmates, walking and playing with them, amusing them with various games, and endeavoring to keep them from brooding over their cares.

Doctors Hawthorne and Loryea made their first biennial report of the hospital to Governor Gibbs under date of September 1, 1864. They called attention to the difficulties they had faced at first. Because of an unexpected number of patients, their main building had proved too small, requiring construction of additional units; suitable furniture had been difficult to obtain; and "faithful honest and efficient officers" to carry on the business transactions of the hospital had given them some trouble to secure. They further stated that the majority of the patients received had diseases of long standing and as a result, were seldom curable. The total number received to September, 1864, was fifty males and thirteen females, of whom thirteen males and one female were reported cured. Three had died and three escaped. The number of state insane patients remaining on September 1, 1864, was forty-three, with two additional idiotic cases. There thus had been a total of sixty-five patients. Eleven private patients also had been received during the biennium, two of them from Washington Territory. The private patients paid three dollars per day, exclusive of clothes and washing, and "were satisfied." The expense to the state for the biennium 1862-64 was \$37,837.56.

The high cost to the state was explained by pointing out that

the expense of maintaining an insane hospital necessarily was considerable. Reports and experiences of a number of eastern states were cited to prove this point. Some patients had been sent to the hospital as paupers, although possessed of sufficient property for their support, or at least it so had been reported. The proprietors state: "If this is a fact *it is not the fault of the law*, but an error or oversight in the County Judge; the statute is quite distinct and imperative on this point."¹⁴

The visiting physicians, Doctors Glisan and Wilson, in a second report dated August 15, 1864, commended Hawthorne and Loryea on their conduct of the hospital, recommending continuance of the arrangements with them by the state. They held that a state asylum on a permanent basis was then unpolitic and premature, in view of the relatively small number of insane.¹⁵ It was charged that Doctors Hawthorne and Loryea kept patients at the asylum after they had been cured for the revenue derived from their care, a charge that was proved false by the inspecting physicians. On expiration of the original contract in 1864, it was renewed for four years at \$10.00 per week per patient for fifty patients or less, \$9.00 per week under seventy-five patients, and \$8.00 per week under 125 patients. During the biennium 1864-66 eighty-one patients were admitted.

By the spring of 1866 the institution had been enlarged by addition of two wings and another floor on the original structure, making it three stories high. There now were eleven wards with a total of one hundred rooms for patients. In the rear of the main building a small frame structure had been erected for the care of county indigent sick, the majority of whom were afflicted with tertiary syphilis. These indigents were maintained on a contract with the Multnomah County commissioners. With reductions by cures, deaths and escapes seventy-seven individuals whose maintenance was paid by the state remained on September 1, 1866. There also were three private patients on that date, thirteen having been admitted during the period. A better classification of cases and more skilled attendants had resulted in a larger number of cures.¹⁶ In 1868 the state contract was

¹⁴J. C. Hawthorne and A. M. Loryea, 1st *Biennial Report*, Sept. 1, 1864.

¹⁵Oregon Hospital for the Insane, 2nd *Biennial Report*, 1864-66, 20.

¹⁶*Ibid.*, 25.

renewed for two years at \$6.50 per week per patient, there being ninety-one inmates at the time. In 1870 the number was one hundred and eleven.

Doctor Hawthorne had made an extended tour of eastern states in the winter of 1865 for the purpose of studying insane hospitals. He reported that in point of comfort and curative results, the Oregon hospital was equal to the best, adding that he felt some pride in making this statement since four years previously Oregon had possessed no provision for the care of its insane citizens. Editors from various parts of the state had been invited to visit the hospital and had written commendatory editorials in their respective newspapers. The young hospital appears to have been doing excellent work for its day, and to have found favor with the public.

Apparently only one visiting physician was appointed after 1864, Doctor W. H. Watkins being named in the second report, while J. S. Giltner, A. D. Ellis and C. C. Strong are mentioned in successive biennial reports, serving one or more terms each, but alone. Their reports to the governor are invariably favorable. In 1867 Mr. John Kenworthy was named superintendent.

In the annual report of Doctor J. S. Giltner, as inspecting physician, in 1866, a ratio of about three male patients to one female is indicated. Ten per cent of those treated were cured and restored to health as useful members of society. Three inmates had escaped and it was reported that they had done well since. Five deaths occurred during the year, one of them a case of acute mania, resulting from exhaustion; three died from softening of the brain (which might have covered a number of causes); and one from epilepsy. Almost all nationalities were represented, including Chinese and half-breed Indians, but the greater number were Americans. The inmates were of all vocations, but most of them had been farmers, housewives or laborers. The inference was drawn, since most of them were of the laboring class, that continuous physical labor, without an adequate amount of mental work or recreation, was one of the most frequent causes tending to bring on insanity. It was recommended that amelioration of physical labor and increasing their "mental culture" was desirable to reduce the propagation of in-

sane among the laboring class. Intemperance was blamed as one of the most frequent causes of insanity, as was onanism. Other causes such as pecuniary losses, domestic afflictions, religious excitement, etc., resulted in but a small percentage of the insane according to the report. The physician added that "quite a large proportion of the cases remaining are chronic and treatment will have but little effect on them." He recommended that this group be segregated and kept separated from the others, suggesting that the state should not pay as much toward their care.

The report continued:

The treatment in these cases had been hygienic and this, accompanied by kindness and moderate restraint in many cases, answers a very good purpose. The success of the treatment will bear favorable comparison with similar institutions in other states when we take into consideration the two exciting causes to which special attention has been called in this report predominating to a larger extent on this coast than in the Atlantic states and in consequence thereof, the ratio of insane in proportion to the inhabitants is greater on this coast.

During his official connection with the institution as inspecting physician, Doctor Giltner reported that but four cases had required discipline, and that had been applied in the mildest form. Several instances occurred necessitating confining the hands of patients to prevent them from injuring others, and a number had to be confined to their rooms for several days. Kind treatment had gone a long way and had given the best satisfaction wherever the plan was strictly followed.

This was the most complete report of conditions existing at the Oregon Insane Hospital in its early years. It gives the impression of humane treatment of insane patients of that day. Reports to the contrary and angry letters to the *Oregonian* appeared shortly afterward. The *Herald*, a Portland newspaper at the time, came to the defense of the proprietors and every official investigation reported satisfactory conditions.

In 1870 the hospital and its grounds are described as follows:¹⁷

Across the river from Portland, on the Willamette, and less than a mile from the landing of the ferry, is located the State Insane Asylum of Oregon, having a situation admirably fitted to insure the health, comfort and enjoyment of its inmates, and easily accessible, while it is sufficiently removed from the busy

¹⁷*Oregon Medical & Surgical Reporter*, (1870) I:43-44.

haunts of trade to give that quietness necessary to the disturbed and perverted intellect that seeks its shelter. The main body of the house fronting to the west, gives a view of a beautiful grove of fir trees, which only needs the hand of taste in embellishing the grounds, to make it the pleasantest of resorts and the pride of the neighboring city. On the other side, another, but somewhat smaller, grove is enclosed for the exclusive use of the patients, and provided with the means of enjoyment and exercise.

The main building is forty feet square and three stories high. From the rear two wings are extended, thirty-four feet in width by seventy feet in length, two stories high. At the end of the left wing a tower is erected, having a base of twenty-four feet square and height of eighty feet, inclosing on its top a tank of the capacity of 12,000 gallons.

Kitchen, dining rooms and other outhouses are also conveniently arranged in the rear. The tank is filled every night, by the use of horse-power, with the purest of water from a never-failing spring upon the premises, and distributed to all parts of the house by iron pipes. About fifty gallons of the water are used daily for each patient. The bakery furnished bread of an excellent quality, and at the present time uses about fifteen sacks of flour per week, baking every other day. Gardens are adjacent to the grounds, that furnish vegetables for the use of the inmates, and of every variety, to last the year. Eight to ten cows furnish milk for the establishment, and forty hogs are fattening in the stalls for the winter's use. Food for the hogs is kept and prepared for use in the same buildings, economizing the labor and utilizing all the waste from the hospital. The pens are kept in a cleanly condition, and at a sufficient distance from the dwelling, so that they cannot offend. Barns for the keeping of the cattle and storage of hay and straw for bedding, a very large quantity of the latter being required, as each day more or less has to be furnished new, in consequence of the habits of the patients.

The situation of the building itself is upon an eminence, surrounded upon all sides with ravines sloping to the river bank, giving perfect natural drainage, as well as a commanding view of the river, with its busy life and scenes of varying interest. The effect of this alone upon the health can hardly be estimated, as such an institution possesses tendencies on the part of the patients always towards the inception of disease. The perfect cleanliness that is so rigidly enforced within the building, is a continuation of these hygienic measures.

The result has been that the history of the institution shows almost perfect immunity from disease prevalent in the surrounding community.

By 1870 the hospital had a capacity of 120 to 130 beds, and a personnel of fifteen, including the attending physician, Doctor J. C. Hawthorne. In spite of the healthy situation described in the medical journal some of the patients became ill with various diseases while in the hospital. These are described as three or four attacks of intermittent fever and several lung affections.

Diseases of the lungs were the most frequent causes of death. Rheumatism occurred to a small extent, but paralytics were few.¹⁸

The number of patients increased each year. On September 1, 1866, seventy-seven state and three private patients remained; two years later there were ninety-one; in 1870, one hundred twenty-two; in 1872, one hundred sixty-seven; in 1874, one hundred ninety-five; in 1876, two hundred eighteen, and in 1878, two hundred thirty-five. Many of them must have been entirely destitute, for the legislature of 1873 appropriated a fund of \$500 to enable recovered patients to return to their homes or friends. In his report of September 1, 1874, Doctor Hawthorne stated that he had spent \$238.25 of this fund and asked for an appropriation of \$261.25 to continue its purpose.

The alarming increase in number of patients and the heavy drain on the state's income brought to the fore again the proposal for a state asylum. In the later reports of the visiting physicians, attention was directed to the probability that at no distant date the interests of the state would demand a different type of institution. Doctor Hawthorne, in his report of 1870, had pointed out to the governor and legislature the desirability of inaugurating some plan that would result in building a state hospital within a reasonable time. He recommended a small special tax annually, to be allowed to accumulate as an asylum fund. Since, by constitutional provision the state indebtedness at the time could not exceed \$50,000 no other way appeared open. Doctor Hawthorne estimated the cost of a building sufficient to care for two hundred patients at \$250,000, and indicated that two years would be required for its construction. In 1878 he again called attention to "the large and respectable number of citizens" who favored building and equipping a hospital by the state, and added that he "fully coincides."¹⁹ He recognized that the state debt already existing must be liquidated before any new buildings could be erected, and that the state capitol must be completed, but advised levying a small tax to purchase a site. His earlier estimate of \$250,000 as necessary for building prob-

¹⁸*Ibid.*, 47-49.

¹⁹Oregon Insane Hospital, 8th *Biennial Report*, (1878) 132.

ably was excessive, but it called attention rather forcibly to the need.

Doctor Loryea had sold his interest in the venture to Doctor Hawthorne in 1872, and had moved to San Francisco. From this time Doctor Hawthorne had been sole proprietor. Doctor George E. Nottage became assistant physician at the hospital in 1874, and in 1877 Doctor S. E. Josephi was added to the medical staff.

In 1866 a proposal had been submitted by Doctors Horace Carpenter and J. A. McAfee of Salem, to keep the patients for 56 cents a day if buildings were erected on grounds owned by the state. An offer had been received to build a good wooden building for \$6,400, and to have it ready for occupancy when the current contract with the Oregon Insane Hospital expired. It was proposed, according to one of the letters to the *Oregonian*, that

Doctors Carpenter and McAfee can put the patients into this building and care for them under their bid, or some of the many doctors here [Salem] can be employed by the year to run the institution for a salary which is a better way. The true interests of the state demand that the insane should be placed under the immediate control of the state and that the ruinous and unjust contract system be at once and forever abolished. The future management of the insane is the most important matter before the legislature as one-half of the state taxes during the last two years have gone to enrich Hawthorne and Loryea. Oregon has been fleeced. The members are waking up to the subject and beginning to act.

Doctor Hawthorne at this time again was accused of keeping sane persons under the guise of being demented. But the inspecting physician having made a special examination of the patients, reported them as being "still insane and not convalescent, but in the same condition they were on their first admission, and it would be altogether injudicious to discharge them at this time to the annoyance of the community and injury to themselves. Further, that there is not at this time any patient in the asylum whose mind is fully restored or should be discharged." Doctor Hawthorne gave notice that any patient in the asylum was at all times subject to inspection by his or her friends, and that he would welcome an investigation of the institution by a committee of competent physicians to be appointed by the gover-

nor. A committee was appointed and was very favorably impressed.

In 1868 Governor Woods had strongly recommended construction of a state hospital, and a bill was passed appropriating \$40,000 for the purpose. After receiving the governor's signature this was recalled, by resolution, for reconsideration and died in committee. In 1870 Governor Woods renewed his recommendation that a hospital be built, but the contract with Doctors Hawthorne and Loryea was renewed for four years, and again for a similar term in 1874, this time at a rate of \$5.50 per week per patient. In 1878 the governor was authorized to renew the contract at \$5.00 per week. There were critics of the hospital and its proprietors, as well as of the rates charged. The latter, however, were not exorbitant when compared with charges in similar institutions in other parts of the country. When Doctor Hawthorne's contract expired in 1876 the question of the justness of his rates came up again. There were renewed proposals to build a state asylum. In 1877 the hospital cared for two hundred thirty patients, at a cost to the state of \$70,000, paid in gold. This was fifty-two per cent of the state's income. There is no question that the hospital yielded a good return to Doctor Hawthorne, but he appears to have made every effort to give his patients good care. A committee of the senate, appointed to investigate the situation, reported in favor of the hospital. Various proposals for some other means of caring for the burden were made, but community interests also were involved.

The organic law of the state provided that all state buildings were to be located at Salem. The *Oregonian* comments:

Like Oliver Twist, Salem is crying for more. Now it is the Insane Asylum that is wanted. It is pretty generally understood that an appropriation for erecting a State Asylum is altogether out of the question. Dr. Carpenter proposes to furnish buildings and keep the insane of the state for four years at the rate of \$4.75 a week per patient. Or to erect upon state grounds suitable buildings large enough to accommodate 200 patients and keep the insane for \$4.00 a week, providing that in four years the state takes the buildings off the contractors hands. But it was obvious that Dr. Carpenter was not equipped to take care of 200 insane patients, and no other individual was able in the state to properly care for them except Dr. Hawthorne, and that if he would not cut down his figures, the state had no alternative but to accept any terms he may propose. It is believed that \$100,000 with convict labor and ma-

terial will build an adequate lunatic asylum. That sound policy would dictate that the contract now be let to Dr. Hawthorne for 2 years and an asylum be erected in the meantime.

One cannot resist the conclusion that the difference in cost of the State's hiring Dr. Hawthorne to keep its insane, or keeping them itself, that in 4 years at the very most the \$100,000 can be saved.

It is interesting to note, while Doctor Hawthorne was getting six dollars a week per patient at this time, that in 1870 in the city of New York, under Tammany rule and in the very midst of an era of unparalleled public fraud, with Boss Tweed in all his glory and power, the weekly cost per patient in the New York City lunatic asylum was \$27.52. At the same time the insane kept at Blackwell's Island in New York cost the city less than \$2.00 a week.

In defense of the apparently high cost of caring for the insane in Oregon, many believed that the only humanitarian course possible was to give them the best possible treatment. It was felt that it was more important that office holders of the state should be reduced. Even though the insane were kept on Blackwell's Island for two dollars per week, it was recognized that these unfortunates were given very inadequate care. The idea seemed to prevail at that time that insane people eat more than those mentally normal, and that this might explain the higher cost of keeping them.

Finally on October 25, 1880 the legislature passed a bill providing for a state institution for the care of the insane, appropriating \$25,000 from general funds, and levying a tax of one mill for the purpose. The building was to be located at Salem on land belonging to the state, about one-half mile from the penitentiary. The cost was not to exceed \$100,000, excluding convict labor to be used in its construction, but in 1882 an additional sum of \$44,000 was appropriated to complete the building, with \$40,000 more for equipment. The asylum was to be large enough to care for 412 patients adequately, in addition to the necessary number of employees.

Doctor Hawthorne died on February 15, 1881, "at the summit of usefulness and in the prime of manhood, universally regretted, and with those who knew him, he has left the memory of a broad-minded, courageous man gifted with great talent, whose career was eminently useful to his fellows and in every

way worthy of emulation." It was said of him that he was among the few who at that time had gained national renown in their treatment of the mentally ill. Following his death, the institution in East Portland continued under the able direction of Doctor Simeon E. Josephi who had become connected with it as one of the business staff in 1865. In 1875 he decided to study medicine and graduated from the University of California Medical School in 1877. Since that time he had given his attention primarily to mental diseases, as assistant physician in the Oregon Insane Hospital. Undoubtedly Doctor Josephi was the best qualified man in the state to succeed Doctor Hawthorne in the management of the institution.

A board of trustees, consisting of Z. F. Moody, Governor; R. P. Earhart, Secretary of State; Edward Hirsch, State Treasurer; and C. B. Moores, secretary, formed the responsible governing body of the state asylum, the governor serving as president. The completed hospital building was turned over to this board October 20, 1883, and the board assumed control of the insane on October 23, 1883, taking them over from Doctor Josephi and Mrs. J. C. Hawthorne, acting for her deceased husband. Removal of the patients from Portland to Salem was accomplished successfully on October 22, 23 and 24, two hundred sixty-eight males and one hundred two females being moved by train. These numbers included insane patients from Idaho Territory, who had been kept by Doctor Hawthorne under private contract at \$6.00 per week, per capita.²⁰

The state received \$4795.72 for the care of the Idaho patients from the date of reception to November 1, 1884, and the further sum of \$1300, it was reported, would be due for the quarter ending December 31, 1884. An additional sum of \$2699.94 had been received or was due from patients whose expenses were being met by relatives or friends.²¹ In June 1885, the Idaho patients were removed to the asylum then recently completed by the Territory of Idaho at Blackfoot.

Doctor Horace Carpenter, who had been active for years in efforts to establish a state asylum, was made the first superin-

²⁰Board of Trustees, Oregon State Insane Asylum, *Report*, Dec. 18, 1884, 12.

²¹*Ibid.*, 12.

tendent. He was a surgeon and his qualifications for dealing with mental illness could not have been extensive. The governing board adopted a set of by-laws, with rules and regulations for the conduct of the asylum in 1884, in which Doctor J. W. Givens is named as first assistant physician and Doctor A. J. Giesy as the second assistant. Doctor Carpenter served as superintendent for seventeen months. On December 1, 1885, he was succeeded by Doctor Josephi, whose greater experience, coupled with more intensive study of insanity, gave him greater knowledge of the needs of the patients. Political preferment, however, was considered more important than ability. When Sylvester Pennoyer, a Democrat, took office as governor of the state in 1886, he undertook to reward his supporters by placing deserving Democrats in appointive state positions. Doctor Josephi, a staunch Republican, saw the handwriting on the wall and resigned his office before Pennoyer could dismiss him.²² He left on June 30, 1886, and was succeeded the following day by Doctor Harry Lane. In Josephi's report, dated June 1, Doctors J. W. Givens and Horace Cox are listed as assistant physicians, but Doctor Givens left about this time to become superintendent of the Idaho institution. Doctor W. T. Williamson was appointed first assistant physician, with immediate charge of medical care of the patients, and on May 9, 1887, Doctor E. L. Irvine was appointed to the staff.

The number of insane in the state continued to increase rapidly with growth of the population. Doctor Josephi, before leaving office, had recommended construction of a wing of three wards. The legislature of 1887 appropriated \$55,550 for this purpose, but even this did not keep pace with the demand. Doctor Lane stated in the biennial report of 1888 that the hospital had five hundred twenty-six patients, with proper accommodations for but five hundred twenty. He urged construction of another wing and also the need of obtaining land for a farm. The legislature of 1889 appropriated \$30,000 for land, \$8,290.73 to meet a deficiency in the earlier construction account, and \$68,300 for a new wing and other improvements. A farm of six hundred forty acres was purchased, two large barns were

²²Statement by Dr. Josephi to author in 1924.

built, and the new wing increased the capacity to six hundred twenty-eight patients. An additional three-story building also was erected, which, with an old log cabin nearby, accommodated forty patients.

On expiration of Doctor Lane's term of office in 1891, Doctor L. L. Rowland, a man of versatile genius, was appointed superintendent and served until 1895, when he was succeeded by Doctor D. T. Paine. Pennoyer, the Democrat, had been succeeded as governor by W. P. Lord, a Republican. Political considerations had played a large part in appointments hitherto, but Paine indicated he would not be influenced by them in his conduct of the asylum. In this attitude he was supported by Governor Lord.²³ Doctor Paine, however, resigned in 1899, after T. T. Geer, also a Republican, became governor. To criticisms raised at various times regarding these frequent changes in the superintendency of an institution where primary consideration should be care of the insane, rather than concern with political winds, it was replied that as long as the immediate physicians of the patients, such as Doctor Williamson, were kept on continuously, changes in the head of the asylum, who must make contacts with the public and deal with the officers of state government, did no harm. This attitude, no doubt, was a factor in retarding the development of the institution for many years from an asylum to a real hospital for the insane. Such development, which came later, involved a continuous long-range program and special training on the part of the head of the institution. The legislature of 1891 had appropriated an additional sum of \$35,000 for improvements at the hospital, including an infirmary, originally intended on a modest scale for patients with epidemic or contagious diseases. It grew into a two story building of four wards, with a capacity of one hundred twenty beds. By 1898 the institution housed nearly 1200 patients.

The gold rush to Alaska, beginning in 1897, had burdened the federal government with responsibility for gold seekers whose minds broke under the hardships and strain of their search for quick wealth. The nearest mental hospitals were at Steilacoom, Washington, and Salem, Oregon. On January 16, 1901, the

²³*Medical Sentinel*, (1898) VI:185.

Oregon State Insane Asylum, at the request of the United States government, entered into a contract to care for the Alaska insane at \$20.00 per month per patient. When it expired, the contract was renewed for another year. The total amount received from this source was \$4,713.91.

Doctor J. F. Calbreath became superintendent in 1899 and served for eight years. For the two years ending December 31, 1902, the legislature granted a total of \$343,275.00 for maintenance, additional buildings, repairs, improvements, etc. The state tried to meet its responsibility for those unable to care for themselves, but the institution continued to be an asylum, both in nature and name, rather than a hospital.

The question of responsibility of the state for the mentally ill whose families were able to pay for their care was the subject of some discussion in 1901. Many of the county courts had been committing insane patients to the state asylum against the wishes of relatives able and willing to provide them with private care. In other cases, patients whose estates could have assumed the burden were cared for at public expense. A majority of the people evidently took the view expressed by the *Oregonian* that the primary purpose of maintaining a state asylum was not a charitable one, but protection of lives and property from the violence of those who become mentally unbalanced, and protection of the patient from himself.²⁴ Treatment of insanity for curative results was in its infancy. The unfortunates who must be committed to the institution for the protection of themselves and society could have little hope of betterment.

Late in 1907 Doctor R. E. Lee Steiner was appointed superintendent, assuming office January 1, 1908. A long period of betterment of the institution now began. Clearer recognition of the curative function of the hospital was carried in a proposal, in 1907, to change its name from Oregon State Insane Asylum to Oregon State Hospital, which was done. In 1908 a new wing for female patients was completed, at a cost of \$225,000, and other improvements were made. Patients, not citizens of the state, who had become insane while within its boundaries and had been committed to the hospital constituted a con-

²⁴*Oregonian*, May 16, 1901.

siderable burden. From 1908 to 1912 twenty-seven such individuals were deported from the state by the federal government. In 1911 the state legislature appropriated \$2,000 for additional deportations of such patients, with an annual saving of about \$4950.²⁵

In the statutes of 1862 providing institutional care for the insane, idiots and feeble-minded also were included, but not until 1908 was separate provisions made for the mentally deficient group, as contrasted with the mentally ill. In that year, however, the Fairview Home was put into operation, marking an advance in recognition by the state of the distinct needs of the two groups, and the State Hospital for the Insane was relieved of part of its burden. Since feeble-mindedness is a condition, not a disease, with little hope of remedy by medical attention, the further history of this institution drops from the scope of this article.

During the biennium ending September 30, 1912, various additions were made to the hospital equipment, an X-ray department was installed, a resident dentist was employed and the water supply was improved. The specter of political control of the hospital was not to be laid immediately, however. At the beginning of Doctor Steiner's fourth year as superintendent, in January 1911, criticism of the hospital management was voiced in the press and in the legislature, then in session. Charges of extravagance, misuse of funds, and unbusinesslike methods were made.²⁶ A committee of the legislature investigating the institution exonerated Doctor Steiner of all charges.²⁷ During the following two years a receiving hospital was built at a cost of \$60,000 and an auditorium and amusement hall, costing \$35,000, was erected.

Maintenance cost for the two years was \$517,728, the average per month for each patient being \$14.64. To stretch this sum to cover the needs it was necessary for employes of the hospital to work twelve hours per day, although an eight hour law had been passed by the legislature. The state labor commissioner, O. P. Hoff, attempted to enforce the law for state employes as

²⁵*Portland Telegram*, May 27, 1912.

²⁶*Ibid.*, January 23, 1911.

²⁷*Oregon Journal*, February 11, 1911.

well as for those employed by private industry. A controversy resulted with the State Board of Control, which had instructed Doctor Steiner that the law did not apply to employes of the hospital, and because of lack of funds it would be necessary for him to require them to work twelve hours daily. The Board of Control requested the commissioner to take such action as would bring about an early interpretation of the law by the courts. This was taken in dramatic fashion by the arrest of Doctor Steiner on board ship in the Strait of Juan de Fuca as he was leaving for China in charge of a group of patients under deportation.²⁸ He was brought back to Oregon, but the charges were quashed and Doctor Steiner subsequently made his trip to the Orient. Much publicity resulted from the incident, but the employes of the hospital continued to work twelve hours per day.

On September 30, 1914 the number of patients was one thousand five hundred seventy-six. Two hundred seventy-one patients had been discharged as cured, and one hundred ninety-two as much improved or almost well. The Eastern Oregon Hospital for the Insane at Pendleton had been put into operation in January, 1913, more than three hundred patients having been transferred to it from Salem.

In view of a ruling of the state attorney general that no legal warrant existed for releasing an insane person on parole or leave of absence in care of friends or relatives, not even to take a patient from the hospital premises to dinner, the superintendent, in his 1914 report, called attention to the need for parole regulations. He stated, "Many chronic insane have periods of improvement, lasting weeks or months, when they are harmless and can be cared for at home with pleasure and benefit to themselves and great saving of expense to the State, but they hesitate to go and relatives do not like to take them when they must go through the annoyance and subject the county to the extra expense of a new commitment every time they have to be returned to the hospital."²⁹

The legislature of 1915 enacted a parole law which remedied

²⁸*Portland Telegram*, October 27, 1913.

²⁹Oregon State Board of Control, 1st *Biennial Report*, (1914) 36.

this situation. In his report of 1916 Doctor Steiner stated that the hospital had been able to arrange for parole to relatives or friends of one hundred eighty-four harmless patients. It had been necessary to return some of them to the hospital, but others had improved to such an extent as to be discharged as cured.

Trouble at the state penitentiary culminating in serious riots among the prisoners early in 1919 led to the resignation of the warden. Governor Olcott prevailed upon Doctor Steiner to lend his administrative ability to straighten out a difficult situation and he served as warden of the penitentiary for the greater part of the year. He visited many of the state prisons in the country, and through the knowledge thus gained, coupled with his talent for managing difficult people, he so improved the penitentiary situation that he was able to return to his post at the hospital. Doctor L. F. Griffith, who had been connected with the hospital since 1891, and had been assistant superintendent for many years, was made superintendent for the interim. When Doctor Steiner returned as superintendent of the hospital, Doctor Griffith again became assistant superintendent, continuing in that position until his death in 1930, when he was succeeded by Doctor John C. Evans who had served the hospital since 1906.

In his report of 1928, Doctor Steiner called attention to the increasing tendency to commit to the state hospital senile dotards, paralytics and other helpless cripples, who should be cared for by the county in which the patient resided. When so committed by the county courts, the hospital had no choice or discretion—it must receive them. The superintendent pointed out that some legal provision was needed by which patients who were not insane could be sent back to their respective counties, which were passing on to the state a burden they found it inconvenient to carry. Convicts from the penitentiary, who had developed insanity, were sent to the hospital, and others who had been excused from crimes because of insanity also were committed to it. This produced a dangerous situation which the superintendent found it necessary to point out.³⁰ He recommended a ward at the penitentiary for the criminally insane.

³⁰Oregon State Board of Control, 8th *Biennial Report*, (1928) 73.

Abuse of the voluntary commitment law also was pointed out in several reports. Some individuals having no need for mental treatment took advantage of an opportunity to obtain general medical care. In 1931 the legislature passed a law requiring payment of \$20.00 per month of patients or their families able to pay for hospital care. This made it necessary to place the burden of responsibility of passing upon an individual's financial status upon the county courts, in cases of proposed voluntary commitment. The plan resulted in a reduction of such commitments.

A new building for tuberculosis cases was completed in 1932, adding one hundred sixteen beds, but the increase of hospital population was so great that the need of a building program was emphasized. A proposal to erect a third state hospital in Multnomah County was defeated in the primary election of May, 1934, and Doctor Steiner recommended a new fire-proof wing of two hundred beds at Salem in his biennial report of the year. The legislature made the needed appropriation, in spite of the difficult financial condition of the state due to the business depression general throughout the country. The new unit, providing two hundred eighteen beds, was ready in September, 1936, but the hospital still was overcrowded, despite the fact that one hundred seventy-eight patients had been sent from Multnomah County to the hospital at Pendleton during the biennium. An addition to the treatment hospital was urged, at a cost of about \$260,000, to house three hundred patients. On September 30, 1936, the hospital had bed capacity for 2100 patients, but a population of 2450. The bed capacity had been increased to 2400, but by the time the new unit was ready for occupancy, the population had grown to 2600, and was increasing steadily.³¹ The problem was aggravated by some of the county courts continuing to commit senile dotards, alcoholics and others not actively insane.

Doctor Steiner resigned as superintendent on July 1, 1937, and was succeeded by Doctor J. C. Evans. In his first report, already cited in part, Doctor Evans reiterated the need for an addition to the treatment hospital as more urgent than ever. He pointed out that custodial care alone was inexcusable, and that

³¹Oregon State Board of Control, 13th *Biennial Report* (1938) 30.

it was the hospital's duty to treat and cure as many patients as possible. He added, "Yet, if we are to keep abreast of the times and to practice modern medicine, we must be provided with proper facilities and equipment."³²

The problems of the hospital, especially that of overcrowding, were becoming serious. The legislatures of 1937 and 1939 had been told of the situation but had failed to provide the needed funds to remedy it. From 1920 to 1940 the legislatures had appropriated funds providing for an average increase of twenty-eight beds per year, while the annual growth of patient population had averaged fifty per year. The housing of the criminal insane continued as another acute problem. A psychiatric ward in the penitentiary had been recommended many times, but in 1940 twenty-six convicts still were kept in one of the wards of the hospital. The State Boards of Parole and Probation obtained a consulting psychiatrist in 1939 to give psychiatric assistance to the criminally insane when necessary. Fireproof housing for records and clinical histories also was needed, and the problem of retaining adequate non-professional staff during a period of high wages, which the state would not meet, was pressing. In 1942 a tragic accident occurred by which forty-seven patients died as a result of poison being placed in their food by one of the patients who was helping in the kitchen, instead of the powdered milk that was intended. The tragedy shocked the nation. It was due to lack of adequate funds with which to hire competent help, making it necessary to depend too much on the assistance of such of the patients as could give it, but whose judgment frequently was questionable.

A clearer recognition by the state of the needs of the hospital, concerning which warnings had been reiterated in numerous reports by the superintendents, resulted from this catastrophe. The legislature of 1943 appropriated more than \$600,000, chiefly for the requested treatment hospital, but war conditions delayed its construction. By June 30, 1944, there were 2622 patients, with the prospect that the number would become still greater, but there now was a capacity of 2800 beds. Admissions for the year 1944 numbered nine hundred sixty-two. Thanks

³²*Ibid.*, 30.

to the continuous struggle by the superintendents for better standards of treatment, more modern medical equipment and adequate staff the hospital had been approved for residencies and fellowships, for the training of nurses, and as meeting unconditionally the minimum standards of the American College of Surgeons! It also had become a modern psychiatric hospital.³³

Eastern Oregon State Hospital

The increasing population of the state, with a concomitant increase in number of the mentally ill, brought to an issue in 1910, the question of building a second insane hospital in the state. There had been considerable discussion in the press beginning about 1909, as to the need for such an institution in eastern Oregon. Proponents of the need held that a hospital should be built either at Baker or Pendleton, despite the state constitutional provision that all public institutions must be located near the capital. In November, 1910, an initiative measure providing for another insane hospital, to be built at Pendleton, was approved by the voters of the state. The cornerstone was laid on March 26, 1912, and the institution was named the Eastern Oregon State Hospital. Doctor W. D. McNary was appointed superintendent, and Doctor A. E. Tamiesie assistant superintendent. Both had been members of the staff of the state hospital at Salem for many years and were familiar with the problems they would face.

The building was completed early in 1913, and on January 26 three hundred twenty-five patients were transferred to it from the Salem institution. Few of them were considered curable, the purpose of their transfer apparently having been to lighten the burden of the Salem institution in providing custodial care. Two hundred two new patients were admitted to the Pendleton hospital during the biennium ending September 30, 1914, but through discharges, deaths and escapes the total number remaining at the close of this period was three hundred forty-six. The average monthly cost per patient had been \$17.76, although the estimated cost on which the appropriation

³³*Journal American Medical Association*, (1944) CXXVII:828.

for operation was based was \$22.00. The hospital was able to return more than \$40,000 to the state treasury.³⁴

In the first biennial report the superintendent found it necessary to recommend provision for a new wing of three additional wards to keep pace with the increasing number of commitments. He also pointed out the need for additional accessory buildings, such as barns, sheds, etc., which had not been provided. The law at that time as already stated, allowed release of patients only under full discharge. Doctor McNary joined with Doctor Steiner in strongly recommending passage of a parole law, making it possible for patients to spend longer or shorter periods, during remissions of their disease, under the care of relatives and friends.

By September 30, 1918, the hospital was filled almost to capacity, with five hundred fifteen patients. Funds were requested to make the basement of the wing, previously asked and provided, usable as a ward. The number of inmates was reduced to four hundred eighty-eight two years later, but there was need for more facilities in the state, and Doctor Steiner, superintendent at Salem, recommended that a new wing be added to the Pendleton hospital, rather than to his own institution, which at the time had inadequate water supply and other facilities for an increased population. The legislature of 1921 appropriated the funds requested, but due to higher building costs than anticipated, only two floors could be completed, necessitating request of additional funds for the third floor. In 1925 the legislature granted funds for still another wing, to house two hundred fifty patients, and in 1930 again another wing was provided. The number of patients increased almost constantly after 1920. In 1922 there were five hundred fifty-eight; in 1924 seven hundred thirty-five; in 1926 eight hundred ten; in 1928, 1017; in 1932, 1171; in 1940, 1274. During 1938 there was a slight decrease in the number, due to completion of the United States Veterans Facility at Roseburg. A number of veterans who had been receiving care at the state institution were transferred to the federal hospital. Some of the elderly people who were senile rather than insane also were taken home by their families be-

³⁴Eastern Oregon State Hospital, *1st Biennial Report*, in Oregon State Board of Control, *1st Biennial Report*, (1914) 87-104.

cause of better economic conditions in the state. With the introduction of metrazol and insulin treatment for certain types of insanity about 1938, a larger number of cures and improvements in patients further increased the number of patients discharged from the hospital, as also was true at Salem. As methods of treatment improved, the number of voluntary admissions increased, the superintendent reporting in 1940 that ten per cent of new patients during the preceding biennium had been of this group.³⁵

Fewer commitments from Multnomah County, demand for workers in war industry and on the farms due to war conditions, together with the factors of better financial conditions and briefer hospitalization because of improved methods of treatment already mentioned, continued to reduce the number in the hospital so that in June, 1944, there were but 1205, in spite of increased population in the state.

On May 1, 1941, Doctor McNary retired as superintendent because of ill health. Save for a brief period he had served the State of Oregon, first at the Oregon State Hospital at Salem and then at the Eastern Oregon State Hospital from its beginning, throughout his professional life. Doctor Donald Wair, who had been assistant superintendent at Pendleton since 1933, was appointed superintendent as his successor.

Due no doubt to the constant demands for additional building space because of the continual increase in number of patients from the beginning, the other facilities of the institution had not developed as rapidly as was desirable. In 1942 the superintendent was obliged to report that the hospital fell far short of the standards set by the American Psychiatric Association.³⁶ Two years later, however, he was able to report that it had been accepted as an approved hospital by the American College of Surgeons. In 1944 it had 1350 beds, an average population for the year of 1232, and two hundred sixty-two admissions.³⁷

A need had been voiced from time to time for a publicly supported psychiatric hospital in Multnomah County, which included more than one-third the population of the state. As al-

³⁵Oregon State Board of Control, 14th *Biennial Report*, (1940) 66.

³⁶Oregon State Board of Control, 15th *Biennial Report* (1942) 66.

³⁷*Journal American Medical Association*, (1944) CXXVII:828.

ready indicated, a measure to provide this had been defeated by referendum vote in 1934. The medical center which had gradually developed around the Medical School in Portland was seriously handicapped by lack of hospital facilities for psychiatric patients for use in training physicians and for research in a rapidly advancing branch of medicine. The legislature of 1945 passed a bill including an item of \$750,000 for a University hospital of two hundred beds, sixty of which would be used for psychiatric cases and fifteen for mentally retarded children. This would fill the hiatus in the state's facilities for giving the most complete care to the mentally afflicted. The bill was endorsed by popular vote in a referendum held in May, 1945, the state thus approving completion of a program which had its inception eighty-three years earlier.

Throughout the period of one hundred thirty-four years since Astor's party came to Oregon to trade for furs, insanity had been present among white men within the present limits of the state. The state, always laggard in making adequate provision for the care of these unfortunates, finally placed itself in an advanced position in this respect.

Private Sanatoria

After the Oregon Insane Hospital, in East Portland, was closed in 1883, private sanatoria for nervous and mental patients ceased to exist in the state for some years. In 1894, however, Doctor Henry Waldo Coe started an institution which was called the Mindsease Sanitarium. Doctor Coe had come to Portland in 1891. He began to specialize in nervous and mental diseases in 1893, in which year he also launched the *Medical Sentinel*, the first permanent medical journal in the Pacific Northwest. At first the patients were housed in a residence on East Division Street. An advertisement in the *Medical Sentinel* in 1896 describes the sanatorium as consisting of a system of cottage homes, in which "nervous and mental patients receive the comfort of a quiet home." Rest, massage, electricity, etc., were employed as therapeutic aids, according to the statement.³⁸

The July, 1896, number of the *Medical Sentinel* contained the following advertisement:

³⁸*Medical Sentinel*, (1896) IV:33.

PORTLAND SANITARIUM
Montgomery, First and Second
Streets, Portland, Oregon

A thoroughly equipped institution where quiet and rest may be obtained together with all the modern methods of treatment. . . .

There follows a description of the methods—electrical treatment, massage and hydrotherapy in which the words are so misspelled that most of them are unrecognizable. The advertisement continues:

. . . Rest cure carefully and scientifically carried out.
. . . Nervious diseases and diseases of the alimentary canal receive special attention. . . . Large and beautiful grounds and salubrious atmosphere. . . . Physicians are cordially invited to visit the institution.

For further particulars address,

L. J. BELKNAP, M. D.
Medical Supt.

Presumably, since this was before the day of typewritten manuscript, as a rule, the new terms in a no doubt difficult handwriting, were too much for the printer. In the following issue "Hydro-Therapeutics, Electricity in all forms, Static, Galvanic, Sinusoidal or Magneto Electric and Faradic. . . . Massage manual Swedish movements" are substituted for the bizarre spelling of the original advertisement. Editorial attention was called to the hospital and to Doctor Belknap's qualifications, which are described as excellent.³⁹ In the August number an apology was made for the typographical errors "for which Doctor Belknap was not responsible. His Sanitarium has already filled up since his return from the East." Doctor Belknap had taken a course in New York City on nervous diseases. The sanatorium was transferred to the Seventh Day Adventist denomination the following year, and Doctor Belknap moved to California. It subsequently was converted into a general hospital and operates as such at the present time. In 1897 Doctor Coe leased the property of Levi White on Northwest 20th Avenue, between Glisan and Hoyt streets, and moved his sanatorium to this location. The grounds were described as large and pleasant, and facilities were offered for such nervous cases as might be referred to Doctor Coe by the profession. Mental and drug cases were to receive care at the Cottage Homes, rather than in

³⁹*Ibid.*, (1896) IV:310.

the sanatorium. Doctor J. M. McGavin became resident physician at the latter.⁴⁰

The following year a corporation, with Doctor Coe as medical director, obtained thirteen acres of land on the north slope of Mt. Tabor, Portland, on which to erect a new institution for treatment of nervous and mental diseases. This was called the Mt. Tabor Sanitarium. Doctor Coe had gone to Europe to make a study of sanatoria in the leading countries, returning to Portland in the fall of 1898 with plans to use the best features observed in the foreign institutions in the new venture. The Mindsease Sanitarium was continued in operation until the new buildings, a series of cottages, were ready.⁴¹ In 1900 the Mt. Tabor Sanitarium was opened with facilities for about sixty patients. Doctor R. L. Gillespie became one of the medical directors, with Doctor Coe. In 1903 a reorganization was effected, the name was changed to Crystal Springs Sanatorium and Doctor W. T. Williamson, who had served since 1886 as assistant physician at the State Asylum in Salem was added to the staff.⁴² After the Lewis and Clark Exposition of 1905 in Portland, the Crystal Springs management purchased the Massachusetts Building on the fairgrounds and re-erected it as part of the sanatorium to be used exclusively for nervous cases. It is described as providing the most luxurious quarters on the Pacific Coast for patients of this type.⁴³

Sometime prior to 1904 the Department of the Interior had entered into negotiations with Doctor Coe with reference to care of the insane in Alaska. In 1904 the sanatorium company, of which Doctor Coe was head, agreed to take them, seven at the time. They were housed in a residence on the top of Mt. Tabor, secured for the purpose, and the name Morningside Hospital was given to the division of the company's activities which was devoted to care of the insane for the Department of the Interior. The name was taken from the famous Morningside Hospital of Edinburgh, Scotland. Later a building was erected on the north slope of Mt. Tabor better adapted to the purpose.

⁴⁰*Ibid.*, (1897) V:414.

⁴¹*Ibid.*, (1898) VII:508.

⁴²*Ibid.*, (1903) XI:704.

⁴³*Ibid.*, (1906) XIV:3.

Doctor Coe retired from active practice about 1907, and in 1910, during his absence, the institution organized by him in 1904 was sold. A new site of fifty acres was purchased at Montavilla. About 1912 the building on Mt. Tabor was moved to it, additional buildings were erected, and a new plant resulted, operating under the old name of Morningside Hospital, with Doctor Coe as sole owner and manager.⁴⁴ He was aided by Doctors J. W. Luckey and C. U. Snider as resident physicians. By 1915 the institution had two hundred beds. Doctor Luckey resigned in 1924, after serving many years as superintendent, but returned in a short time. He finally severed his connection in 1929. On Doctor Coe's death in 1927, ownership of the institution passed into the hands of his heirs.

Inspectors from the Department of the Interior visited the hospital from time to time until 1929, when Doctor Lon O. Weldon was stationed there by the Department, remaining until July 1, 1935. Doctor Lawrence Serrurier was added to the staff by the owners on June 25, 1934 and in August 1936 Doctor John L. Haskins was placed in charge of the institution by the federal department. In 1944 it had 360 beds, and was operated under private ownership but federal control.

After the Morningside Hospital was established the Mt. Tabor Sanitarium was discontinued, to be followed by a number of other private institutions whose history is confusing. In 1906 the Mountain View Sanatorium was launched with Doctors W. T. Williamson, R. L. Gillespie and William House actively interested. After the death of Dr. Williamson in 1925 his son, Dr. Hugh Williamson became the medical director. The institution had twenty-two beds in 1928, but discontinued in 1935. Dr. House established a sanatorium for nervous and mental cases in 1912, which had eighteen beds in 1928, when it appears to have been closed. Dr. House died in 1931. In 1924 a ten bed convalescent and rest hospital, known as the Waverleigh Sanatorium, was established by the Mountain View Sanatorium Company under the medical direction of Dr. Hugh Williamson.⁴⁵ In 1940 it was discontinued.

⁴⁴*Ibid.*, (1914) XXII:1587.

⁴⁵Oregon Medical Blue Book, pp. 139-140, 1928.